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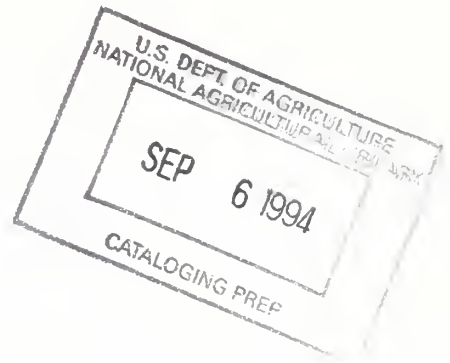
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Reaching Pregnant Women Through Benefit Targeting in the WIC Program

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REACHING PREGNANT WOMEN
THROUGH BENEFIT TARGETING
IN THE WIC PROGRAM

May 1990

Food and Nutrition Service
US Department of Agriculture
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Alexandria, Virginia 22302

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At FNS, the study proceeded under the overall guidance of Dr. Steven Gale. Two FNS project officers helped to direct the study. Dr. Gary Bickel served throughout the first phase; Dr. Leslie Christovich managed the second phase. They both contributed considerably to the process and outcome of the study.

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Chapter One

INTRODUCTION TO BENEFIT TARGETING

The Special Supplemental Food Program for Women, Infants, and Children (WIC) provides supplemental food, nutrition counseling and education, and referral to health services to low-income pregnant, breastfeeding, and postpartum women as well as to infants, and children up to the age of five. In addition to meeting income eligibility criteria, participants must also be at nutritional risk. The WIC Program is administered by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture.

The WIC Program is operated by States and their local service delivery agencies. FNS distributes WIC funds to the States where monies are then allocated to local agencies. WIC eligibility requirements are established by State WIC agencies working within guidelines constructed by FNS. Income eligibility criteria are based on federal poverty standards. Nutritional risk criteria are established by the States; such risk must be determined by a health professional. Nutritional risk is based on a broad range of conditions such as anemia, inappropriate weight for height, and low birthweight.

Staff in local WIC agencies determine the eligibility of applicants, recertify the eligibility of clients, conduct nutrition counseling and education sessions, and issue food instruments. In most States, supplemental food is provided to WIC participants through retail delivery systems in which the participants redeem food instruments (vouchers or checks) at authorized retail vendors. A few States continue to operate either home delivery systems, where food is delivered to participants' homes, usually through contracts with dairies, or direct delivery systems, where food is distributed to participants at central pickup sites.

The supplemental foods are milk, cheese, eggs, dry cereal, Vitamin C juices, peanut butter or beans, and infant formula. All of these foods are good sources of the nutrients (iron and calcium, for example) that are most likely to be lacking in the diets of persons who are eligible for WIC benefits.

Unlike many federal programs—such as AFDC or food stamps, WIC is not an entitlement program. That is, States and their local service providers serve as many eligibles as possible up to the limit of their cash grants. When limits are reached, names of applicants for WIC benefits are placed on waiting lists.

This service-level limitation led WIC policymakers to establish client categories of service priorities. Pregnant and breastfeeding women and infants with nutritionally related medical conditions comprise the first priority category for receiving WIC services. In the current era of

fiscal restraint, federal policymakers have taken the additional step of encouraging State and local WIC agencies to set as a primary program goal increasing WIC participation among high-risk women early in their pregnancies. In particular, FNS has suggested that State and local WIC agencies "target benefits" to specific subpopulations of pregnant women.

Benefit Targeting

Many research projects and publications have shown that when pregnant women follow good nutritional habits and receive proper health care, their chances of having healthy babies are substantially improved. In some studies, WIC has been cited as one of the most effective components of prenatal care available to low-income women in this country. However, many eligible women do not participate in WIC. In 1986, FNS contracted with the COSMOS Corporation to conduct a study to identify exemplary methods of targeting benefits to pregnant women and then to implement a demonstration of such practices in local WIC clinics.

During Phase I of the study, project staff visited eighteen local WIC, Maternal and Child Health, and private agencies serving pregnant women to observe how these organizations provided information on WIC to eligible but hard-to-reach pregnant women. These practices can be described as providing information about WIC benefits; improving client access to the program; reducing client difficulty in obtaining WIC benefits; and improving the atmosphere of the service office as well as of staff/client relationships. The observed activities address the various barriers that hard-to-reach pregnant women encounter in obtaining any type of health care.

Phase II of the benefit-targeting project was a demonstration of the transferability of the targeted outreach practices observed during Phase I, the process through which a local WIC agency can assess its benefit targeting needs, and the development and implementation of a strategy to implement benefit targeting for specific subpopulations of pregnant women. At six local WIC agencies, the project team examined the effectiveness of the planning process, the assessment of need, and the implementation of benefit targeting activities. The findings from the study are the basis for the materials which appear in Chapters Two and Three.

Benefit Targeting in the WIC Program

This publication synthesizes the experiences of the demonstration sites into a strategic planning process which is aimed at helping local WIC agencies assess the need for benefit targeting, identify hard-to-reach subpopulations of pregnant women, plan a benefit targeting strategy, and implement benefit targeting activities.

Benefit targeting is part of the FNS effort to bring WIC benefits to those participants who are most in need. It is a particular type of outreach that sends carefully thought out messages and incentives to a

specified group of WIC eligibles—usually subpopulations who are thought to be most in need of WIC benefits.

Very few local WIC agencies need to conduct extensive outreach to achieve their State-set caseload ceilings. In fact, many WIC agencies fill their caseload quotas without completing any outreach activities. However, targeting benefits is likely to require outreach activities because the targeted populations are much harder to reach than the applicants who themselves initiate contact with WIC. The need for some sort of outreach is self-evident in the fact that these subgroups of pregnant women are not now receiving WIC benefits. It is imperative that WIC reach out to these high-risk, low-income pregnant women.

The second chapter of this publication sets forth the strategic planning process mentioned above, describes how to conduct a needs assessment, and then, step-by-step, presents the tasks and activities for planning and implementing benefit targeting. Chapter Three describes benefit targeting activities aimed at reaching specific subpopulations of pregnant women. Because planning and implementing a benefit targeting process is likely to require extra resources in both time and dollars, a wide range of activities is presented here. Local WIC agencies can choose the types of activities that are most appropriate for their communities and that conform to local resource constraints.

The appendices to this document contain instructions on conducting focus groups as well as examples of benefit targeting materials that were prepared by the six local WIC agencies in the benefit targeting demonstration.

Chapter Two

THE BENEFIT TARGETING PROCESS

This chapter describes the procedures that staff in a local WIC agency might use to implement benefit targeting for one or more subcategories of pregnant women. The process described below is basically a strategic planning model that has been designed for application in a variety of organizational and geographic settings. The process described here should help local WIC agencies to identify and serve specific subpopulations of pregnant women.

Steps in Benefit Targeting

The benefit targeting process described here is composed of a series of separate and sequential steps that can be applied by administrators and staff in local WIC agencies. In this model, staff at local WIC agencies use certain outreach messages and procedures to target benefits to one or more specific population groups.

This benefit targeting process has seven major components:

- Identifying the specific subpopulation group (that is, the category of pregnant women) who will be the focus of the targeting effort.
- Defining the goals and objectives of serving the chosen population group.
- Recognizing and enumerating the program access and participation barriers that are likely to face the chosen target population.
- Specifying and describing the targeting practices and strategies that will address access and participation barriers and that will also conform with staff abilities and interests and can be met by local agency resources.
- Developing a plan and schedule for implementation.
- Implementing the planned targeting procedures on schedule and within budget.
- Assessing the effectiveness of the benefit targeting effort.

Each of these steps is described in more detail in succeeding sections of this chapter. First, however, the strategic planning cycle is explained.

As noted at the outset of this discussion, this approach to benefit targeting is a strategic planning model. Such a planning process requires that time be provided so that staff can analyze local service delivery mechanisms and patterns and then discuss logically and creatively the use of available resources to meet important and agreed-upon goals.

A strategic planning process moves through several phases. The first, of course, is for the local WIC administrator and staff to agree that benefit targeting to increase participation among, and early enrollment of, pregnant women—represents a useful and achievable goal for their program. These decisions—choosing to target and then identifying the WIC subpopulation to be targeted—may well grow out of a series of staff meetings and discussions.

As an adjunct to these initial discussions about targeting WIC benefits, it will be necessary to acquire information on the population currently served by the WIC agency and on the eligible but unserved population in the service area. This topic is discussed in more detail below.

Once a decision is made to target and a subcategory of pregnant women is chosen—that is, when the administrator and staff have agreed on a primary goal—the next step is for both the administrator and staff to commit time and energy to identifying the activities required to achieve this goal. They must also carefully define the activities and assign responsibilities to staff. Generally, a benefit targeting plan covers a twelve-month period.

An effective and efficient means to carry out a strategic planning exercise is to plan an all-day session where administrators and staff map out the overall strategy and also develop the more detailed blueprint for carrying out their benefit targeting objectives. During this meeting, staff walk through the seven planning steps listed above—barriers are defined, objectives are set, activities are identified, and schedules are made. These planning activities may be carried out by the entire staff or staff may disaggregate into small groups. Or, some of the planning may be done in all-staff sessions, while other activities are done in small groups. These choices may depend on staff size, homogeneity, available space, and so on.

The local WIC administrator may wish to employ an outside facilitator to lead the all-day session. An advantage to an outside group leader is that this person will be a professional trained to expedite such group meetings within the allotted time period as well as to help staff achieve consensus on goals, barriers, and activities.

At the end of the day, there is a strategic plan in place. The plan includes a calendar of activities, dates for completing each activity, and staff assignments. As discussed in more detail below, it is up to the local WIC administrator and local agency staff to keep the project going throughout the year.

Maintaining momentum includes keeping track—in writing—of benefit targeting activities. Such a summary of the year's activities can serve as the beginning of a needs assessment for the next year.

It is obvious, but necessary, to point out that if the benefit targeting is to be successful, agency staff must be committed to the project. One important means for maintaining such commitment is to periodically reward staff for their efforts. Pats-on-the-back are always welcome as are pleasant changes in routine. Examples include a staff luncheon meeting at a nearby restaurant; a wall poster applauding the staff-person-of-the-month; or small rewards for extra work. Continual recognition of and thanks to staff who work beyond their usual job descriptions to make benefit targeting successful are the most influential forms of reinforcement.

Identifying the Target Population

The most reliable means for identifying the subpopulation of pregnant women on which to target benefits is to conduct a needs assessment. Staff in a local WIC agency have the skills and knowledge to complete such an assessment. As noted above, it is wise to conduct a needs assessment and choose a target subpopulation prior to scheduling the all-day strategic planning session.

A needs assessment can consider a broad or narrow range of information. The scope is likely to be bounded by available resources and staff skills. The most important piece of the process—and the piece that cannot be eliminated—is identifying one or more needy subpopulations who are not currently receiving WIC services.

Some methods for identifying the target population are listed below. It is likely that at least several of these approaches will be needed.

- Discussing with State WIC staff the intent to target benefits. The State WIC automated data system will probably have data on unserved eligibles within the local agency's service area.
- Checking with other local social service agencies where staff may have information on certain groups of pregnant women in need of social services.
- Contacting advocacy or special-service (migrant worker organizations, for example) entities to ascertain whether or not these groups have information on pregnant women who are likely to be income-eligible for WIC but who are not receiving WIC benefits.
- Obtaining data from State vital statistics records on births to teenagers, Hispanic women, or other groups WIC staff feel the agency is not serving.

Remember that it may take some effort to identify subpopulations who are in need of services. Also, the initial objective is to identify women who are likely to be income-eligible. Nutritional risk will have to be determined at certification.

In addition to identifying one or more potential target populations, it is useful to review local agency characteristics such as staff capabilities and interests, staff availability, resources available for outreach, and current outreach activities. It is the combined assessment of the population groups in need and the availability of resources that should influence the local agency decision about choosing its target population.

After a target population is identified, it may be extremely useful to conduct a focus group of pregnant and recently delivered women from this population. Information gathered during such a session can be used during the strategic planning sessions where barriers, objectives, and targeting practices are identified and formulated. (Instructions for conducting focus groups appear in Appendix A.)

Defining Goals

The primary goal, of course, is to increase participation in the WIC Program of pregnant women generally or of a specific subpopulation of pregnant women. Activities which support this major objective might be to contact a certain number of these women, to establish networks with other organizations serving this population, and to routinize outreach efforts to this particular population. Other important goals might include early enrollment of pregnant women as well as retention of these women in WIC throughout their pregnancies.

Such activities are likely to be identified during a focus group discussion with clients as well as during the all-day strategic planning session. This section on goals is included at the outset of our discussion to accentuate that a benefit targeting effort will have multiple objectives and that all of these objectives should be written into the final plan.

Identifying Barriers

It is expedient to identify barriers from two sources: WIC clients (during the focus group) and local agency staff (during the day-long strategic planning session). Not unexpectedly, there are differences in the types of barriers identified by each group.

In the study of WIC benefit targeting, clients tended to see barriers to enrollment and participation as personal and immediate. For example, clients expressed a need for the clear display of signs to the WIC office. Some clients noted that they do not own refrigerators but are required to buy all of their milk for one month at one time, so the milk spoils before they can use their milk supply.

Staff identified barriers to participation that were based on the characteristics of the target populations and their lifestyles. Staff

mentioned that many of these women are not used to keeping appointments; many women have no transportation to the WIC clinic; and other women are hesitant to participate in a program they think of as part of the "welfare system."

In general, both client-identified and staff-noted barriers can be grouped into three categories: informational; logistic/managerial; and affective. Each type is discussed below.

INFORMATIONAL BARRIERS. Informational barriers refer to information about the availability of WIC benefits for pregnant women. They inhibit enrollment because women do not know WIC exists or they do not understand that it is a program for pregnant women.

LOGISTIC/MANAGERIAL BARRIERS. These factors are practices that can make the WIC Program more or less accessible to the pregnant client. Some of these barriers may make the opportunity costs for participation too high for a woman to find WIC useful. Logistic/managerial barriers may affect either enrollment, participation, or both.

AFFECTIVE BARRIERS. Affective issues involve the WIC environment which needs to welcome and support the pregnant woman while she receives services. Affective barriers may decrease continued participation and may inhibit enrollment. If a pregnant woman perceives the WIC clinic as unfriendly, she may choose to wait to receive supplemental food until her baby is born or she may entirely reject the program.

At the strategic planning session, staff identify as many barriers as they can. Then, through a process of individual ranking and group discussion, staff should rank order barriers—from most serious to least serious.

With the barriers defined and ranked, the next step is to translate negative steps into positive intentions. If the objective is to target pregnant teenagers to receive benefits, a barrier might be:

Pregnant teenagers do not receive information about the WIC Program.

A positive sub-objective for the targeting effort might be:

During the next twelve months, disseminate WIC information to pregnant teenagers by increasing agency use of local media and personal contacts.

There are, of course, a number of activities that will support this objective. Such activities are the more detailed practices and

strategies that must be designed and specified as part of the strategic planning process.

Identifying Targeting Practices and Strategies

The practices and strategies in a benefit targeting effort must take into account available agency resources as well as staff interests and capabilities. In addition, they should be designed to overcome the barriers which clients and staff feel inhibit enrollment and participation in the WIC Program.

During the strategic planning session, staff will identify various ideas and practices. These options and their opportunity and financial costs should be carefully reviewed. It is important to realistically assess how a specific activity might be carried out as well as why the specific undertaking might or might not succeed. From such discussions, the staff can choose a set of practices that will structure the benefit targeting effort.

Of course, WIC agencies, their staffs, and their resources vary, so targeting practices and strategies will also vary. It may be that these activities will differ within local programs that have multiple sites. What is important is to carefully identify appropriate practices and to thoroughly plan for their execution.

The example above of a barrier to pregnant teenagers enrolling in WIC—pregnant teens do not have information—might result in the following strategies:

Write a public service announcement aimed at a teen audience. Have it played on radio and TV stations that have large numbers of teenage listeners and viewers.

Contact high school programs for pregnant teens and make sure that professional staff are informed about WIC and have a contact at the WIC agency. Also, be sure that these programs are routinely supplied with audience-appropriate print information (posters and brochures) about WIC to distribute to pregnant teenagers.

Conduct a contest to select a winning "rap" song telling pregnant teens about WIC.

These tasks can be further divided into subtasks. Each subtask is assigned to a staff person, and a due date is assigned. When all of the objectives have been specified, a year-long calendar can be prepared.

Most targeting practices and strategies can be divided into the same categories used for barriers. Each of these categories is discussed below.

INFORMATIONAL PRACTICES. Such practices improve the flow of information between the WIC Program and potential and existing clients. Examples of informational materials include:

- Flyers
- Pamphlets
- Press releases
- Public service announcements
- Advertisements in the telephone book and on paper bags
- Letters to physicians and school administrators
- Letters to the editors
- Bus posters

Examples of such materials appear in Appendix B.

Public information activities may be the easiest and least threatening activities for WIC staff to undertake. Although creating materials can be time-consuming and graphic design is often difficult and WIC agencies may wish to obtain professional help in these areas, all staff can help to distribute materials. Surprisingly small amounts of time are needed to distribute posters and brochures throughout a community when a staff approaches such distribution as a team effort. It is also worth noting that often State WIC agencies or the Food and Nutrition Service or other national organizations may make posters, pamphlets, and brochures available to local WIC agencies at little or no cost.

Graphics are important in print materials. Pictures can be "read" in any language. In print materials, pregnant woman need to be shown in silhouette. Also, this approach presents a "generic" pregnant woman rather than depicting only one racial or ethnic group, and WIC is seen as a program open to all women. On the other hand, depending on the targeted group, it may be important to depict a specific race or ethnic group.

All print messages should be clearly and simply written and kept directly to the point. Such materials need to be written in language that is easily understood by clients. Many WIC pamphlets and brochures attempt to explain everything about WIC in a very small space. Each page should have enough "white space" (blank areas) so that the material can be read quickly and easily.

It is important to remember that many WIC clients and eligibles do not read beyond second or third grade reading levels. Words like "supplemental," "nutrient," and "eligible" may be unfamiliar to many clients. These words have precise meanings within the WIC community, but such words may frighten potential clients away from the WIC Program. Also, depending on the population targeted, print materials will have to be translated into one or more languages.

Letters to physicians and community leaders need to be carefully worded. If a recipient finds such a letter uninteresting, the letter will not

be read it all the way through, and it will certainly be thrown away so that no information will reach potential clients.

Press releases can also serve WIC benefit targeting. It is useful for a local WIC administrator or staff person to contact the local newspaper and to maintain that contact. Once a journalist is interested in a program, the person cannot only be contacted again, but the journalist is likely to stay in touch with the WIC agency to stay abreast of new activities. Most newspapers need material, and staff are grateful for agencies who share information.

LOGISTICAL AND MANAGEMENT PRACTICES. This section basically deals with administrative change that can make a local WIC agency run more smoothly and more efficiently. Some examples of administrative change are discussed below.

Co-Location. Many WIC agencies are co-located with other health and welfare offices. Establishing and maintaining strong referral mechanisms and/or common intake procedures can help clients to participate in all of the social service programs that can improve their lives. In many WIC agencies, staff could improve the referral system by identifying, coordinating, and maintaining contact with staff in other agencies. Such efforts can help to target caseload and usually result in happier and healthier clients.

Office Hours and Location. In general, WIC staffs have been unable or unwilling to operate evening and weekend clinics. Such schedules would be of help to many clients. However, some local WIC agencies set up satellite programs that are at least closer to clients' homes. Proximity eliminates some of the transportation problems faced by WIC eligibles and clients particularly in more rural areas.

Vendor Relations. Time that local WIC administrators and their staffs spend on vendor relations can help maintain client participation. Courteous relations between the WIC agency and vendors are likely to translate into courteous relations between vendors and WIC clients. If WIC personnel develop and maintain positive relationships with local vendors, they may, for example, convince vendors to set up WIC food displays or to at least more overtly display WIC foods. Also, vendors can be encouraged to provide information on WIC eligibility and enrollment to their employees. If some checkout clerks and other grocery store personnel receive WIC, the "we-they" dichotomy will be lessened.

Income Guidelines. When providing information on WIC to other social service agencies, local staff should provide clear detail on income eligibility for WIC. Physicians should also receive simple, clear information on this topic. Many health-care professionals as well as numerous WIC eligibles do not realize who might qualify for program benefits.

Citizenship and Immigration Status. A serious issue for many potential WIC clients (migrant workers and some ethnic groups, for

example) is the clarification of their citizenship or immigration status and their eligibility for WIC benefits. It is important to reduce individual anxiety by explaining exactly what information each person must provide on immigration status. It is also important to clarify the circumstances in which an undocumented person may receive WIC benefits.

Documentation. In some local agencies, required documentation may be excessive. Each local agency should examine its requirements and compare them with State and federal regulations and procedures. If it appears the local agency is creating barriers by adding requirements or by too rigidly interpreting State and federal regulations, the local administrator may wish to seek guidance from the State about reducing required documentation.

Miscellaneous. Some other logistic practices that may be productive include: inter-agency referral forms or memos; WIC affirmation statements (in various languages); vendor handbooks (if the State does not produce such materials); and recruiting volunteers to help with transportation, child care in WIC clinics, and the like.

AFFECTIVE PRACTICES. Such practices are activities or events that make people feel good about the WIC Program. Before describing some of these activities, it is important to review the context in which WIC eligibles and clients live. In particular, it is important to remember that most WIC clients live in poverty and experience very little change in the day-to-day environment. This lack of change often leads to depression that makes it much harder for these women to care for their children, to meet other family responsibilities, or to participate in social service programs. During the WIC benefit targeting study, focus group participants repeatedly said that many pregnant women do not apply for and receive WIC benefits because they are too depressed to make the effort. It might be inferred, then, that caring staff in a cheerful environment along with the provision of supplemental food, which will lead to better nutrition, might impact participation rates by alleviating this depression.

It follows that a friendly atmosphere in the WIC waiting room may well enliven the environment of many WIC clients. When chairs are lined up in rows, women cannot easily converse with each other. Their isolation is increased. Further, such a bureaucratic atmosphere will remind WIC applicants and clients of numerous other offices in which they wait for services and will not distinguish WIC as a caring and supportive program. A hospitable waiting area may well eliminate some of the anger that clients tend to bring to such situations because they may expect to be treated as less valuable than "paying customers." Finally, a warm, comfortable waiting room can set the tone for open and caring interactions between clients and staff. (Appendix C displays a diagram of a well-designed waiting room.)

Changing the way people feel about and act toward one another is more difficult than disseminating information about WIC. Such

change is not a one-time effort; it must be an on-going process in which WIC staff develop routines that reinforce positive interactions. One WIC agency in the benefit targeting study had a "word of the day" for clients. Each morning, staff were given a positive, health-related message that each staff person was asked to incorporate into conversations with clients. Usually, the message was a simple one—something about healthy snacks, for example—combined with a positive statement about the fact that the client had remembered to keep the appointment.

That such reenforcement works is clear from the number of women who report that they come to WIC as much for the friendship and guidance that they receive from WIC staff as for the supplemental food. When a WIC staff person remarks about how well a pregnant woman is caring for herself and her unborn baby or asks how the client is feeling and takes the time to listen for an answer, a bond is forged between the client and the program. Also, thanking women for being on time may be more effective than chastising latecomers.

As noted earlier in this chapter, staff also need to hear positive messages. Such positive reenforcement comes from the top and needs to move through all levels of program workers. Also, when AIDS and drug abuse are issues, staff should have opportunities to discuss perceptions of their own risks. Infection control is important, but it is equally important that accurate information on the nature of contagion be clearly understood so that WIC staff are able to initiate and maintain humane interactions with clients.

WIC staff can also make the program more fun for clients. A party, a contest, a luncheon, or a recipe demonstration are all welcome diversions to the sameness that poverty creates in many lives. Contests can also be fun for clients. (Appendix D displays an announcement of a contest sponsored by a local WIC agency.)

Developing An Implementation Plan and Schedule

By this point in the strategic planning process, a target group has been identified; goals specified; barriers defined; tasks and activities spelled out; staff assigned; and due dates delineated. There may be a need to further define specific steps for accomplishing each task. Such detail can be assigned to individuals who will be responsible for particular tasks, or this detailed planning can be done in staff groups.

These materials, including due dates and staff assignments, should be produced in written form and distributed to all staff involved in the benefit targeting effort. These materials will be used to implement and monitor benefit targeting activities. The strategic planning session should end with all staff having a clear sense of the goals and objectives of benefit targeting.

Implementing Benefit Targeting

Staff will implement the strategic plan for targeting WIC benefits using the materials described above. Progress will be monitored through interim staff meetings. If the agency does not employ an outside facilitator, either the local WIC administrator or a staff-chosen leader will lead the interim staff meetings.

The list of practices and the calendar should be reviewed at each meeting, and progress and problems will be assessed. If some activities are not going smoothly, staff may decide to modify or delete them. Flexibility should be a hallnote. By the end of the year, staff will know which practices are working and which strategies should be continued into the next strategic planning cycle.

Evaluating Targeting Practices

The proliferation of automated client information and food instrument issuance systems has made a substantial amount of data available to State WIC agencies. Usually, State agencies will provide such information to local agencies if local administrators request these data. It is important to review enrollment and participation data to ascertain whether or not the benefit targeting strategy is having the desired effect. At the local agency level, fairly simple evaluations (such as the ones noted below) should suffice. A State agency might want to undertake more sophisticated evaluations of several local agencies or of a large local agency with multiple service sites. Below, some topics for analysis are suggested. There are many publications on evaluation available to local administrators and their staffs

Possible simple analyses include:

- Pre/post comparison of the numbers of pregnant women enrolled in the local WIC agency. Pre means before the targeting effort started, and post means after benefit targeting has achieved steady state—probably six months to one year after initiation of the targeting effort. Counts include only women who enroll in the WIC Program.
- Pre/post comparison of target group enrollees. In addition to counting numbers of all pregnant women who enroll in WIC, it would be useful to conduct pre/post counts of pregnant women in the targeted subpopulation who enroll in WIC. Again, the counts are of women who enroll in the program.
- Pre/post comparisons of pregnant and target group *participants*. Above, the focus is on enrollees, here the accent is on women who remain in the program throughout their pregnancies. Thus, not only can pre/post participation be considered but also numbers of enrollees can be compared with numbers of women who continue in the program. Continuing participation can be measured by obtaining data from the State on numbers of pregnant women who pick up and use their food

instruments. The outcome of interest is program retention.

- Local agencies might hold focus groups with persons enrolled during benefit targeting to ascertain which practices contributed to the women's decisions to enroll and which practices or activities affected their decisions to continue to participate in the WIC Program. As noted earlier in this chapter, Appendix A provides fairly detailed information on conducting focus groups.

Chapter Three

METHODS FOR TARGETING WIC BENEFITS FOR SPECIAL POPULATIONS OF PREGNANT WOMEN

During the WIC benefit targeting study, staff at the demonstration sites developed new ideas for reaching out to specific populations of pregnant women. Some of these ideas were tested in the demonstration agencies. Others could not be tested either because the agencies lacked resources or because the ideas emerged too late in the demonstration process to be implemented. Because many of these suggestions may be useful to other WIC agencies, they are presented here for consideration by local WIC administrators and their staffs.

Each of the sections below opens with some general concepts about approaching and working with particular groups of pregnant women. Then, more specific suggestions for effective targeting are listed.

Targeting Urban Teenagers

In many urban areas, there are a number of programs which serve pregnant teenagers. WIC staff will find that locating and talking with pregnant teenagers will be greatly facilitated by identifying these organizations, contacting key staff members, and then working with these personnel to establish a process for referrals to and from WIC. It is also important to be sure that staff in these agencies are informed about WIC services and have print materials to distribute to their clients.

- Develop methods for person-to-person contacts and peer referrals. Such methods include contests and parties.
- Advertise WIC on billboards.
- Announce the availability of WIC benefits on the radio on a regular basis in association with other routine announcements such as weather reports.
- Decorate WIC clinics in bright colors. If resources are available, scatter stuffed toys throughout the clinic.
- Prepare advertisements in all relevant languages.
- Provide large walk-in doll houses and toys for children.
- Place WIC posters in schools and factories.

- Cooperate with AIDS outreach and educational services to locate pregnant teenagers.
- Address some WIC posters to parents (particularly mothers) of pregnant teenagers.
- Place posters where homeless, runaway, and "throw-away" youths congregate.
- Initiate, continue, and follow up on efforts to contact private physicians to explain WIC benefits and eligibility.
- Provide in-service training on WIC benefits and eligibility to school counselors and nurses. Make sure these professionals have appropriate print information on WIC to distribute to teenagers.
- Conduct baby showers for pregnant clients.

Targeting Migrant Workers

Most importantly, all rules and regulations regarding certification of migrants and seasonal farmworkers should be in writing and should be distributed to all WIC agency staff. These materials should be periodically updated and reviewed at staff meetings to ensure that all staff understand rules and regulations on providing services to migrant workers. This understanding should include the extent to which self disclosure about immigration status is required for participation in other health care programs. WIC staff will need to provide such information to this client group.

Equally important is establishing contacts with and a network among the WIC Program and other organizations where staff regularly communicate with migrant workers. Linkages with all types of outreach workers can be fostered and can be used to make contacts with crew chiefs, growers, and camp managers. This type of involvement can lead to sensible redirection of resources and energy in meeting the needs of migrant workers.

WIC administrators and staff might serve on various community boards and councils, and, if such organizations do not exist, WIC might be instrumental in creating such entities.

If reasonably possible, it is helpful for WIC personnel to observe migrant living conditions. Staff might accompany outreach workers on home visits.

Finally, the local WIC agency, working with other organizations serving migrant workers, might prepare a resource guide to all migrant services.

- Disseminate information on WIC benefits through organizations trusted by migrant workers such as

farmworkers' councils, church relief agencies, and legal service agencies.

- Encourage the use of other health care services (prenatal care, well-baby care, immunization, and the like). However, WIC participation should not be predicated on the need for disclosure of immigrant status that might be required by other health care programs.
- Bring all WIC services as close to the fields as possible. Migrant workers lack transportation and fear losing work time. Mobile WIC units with bilingual staff appear to be particularly effective in serving the migrant population.
- Coordinate WIC clinic hours with public transportation that is accessible to the fields or camps.
- Allow for walk-in services for pregnant women. Migrant clients may have difficulties keeping scheduled appointments if they must depend on others for transportation.
- Explain to migrant clients that they can designate proxies to pick up food instruments. Migrant women can select proxies from among advocate groups, outreach workers, and other trusted community service personnel.
- Make WIC service sites child friendly with books and toys. Such items can be second-hand and replenished often so that if some of these items "walk away," they can be replaced at minimal, or no, cost.
- Whenever possible, match staff and clients on language, ethnicity, and other cultural characteristics.
- Obtain audiovisual materials in languages spoken by clients. When such materials are in waiting rooms, provide instructions so that women can operate the machinery themselves to hear the message as often as they choose.
- Use focus groups to ascertain the best sites for placing posters and flyers and to identify radio stations chosen by migrant groups and farmworkers.
- Identify community volunteers who can serve as translators or "drivers." These persons can also disseminate WIC and other health-care information to migrant clients. Such volunteers can also be

helpful within the WIC service site as child-care providers, receptionists, or information clerks.

- Analyze the implications of the male-dominant cultures of which the migrant population is composed. It may be that for some migrant female clients, it is inappropriate for males to provide certain services.

Targeting the Unemployed

An important component of targeting WIC benefits to unemployed pregnant women or to pregnant women married to unemployed workers is emphasizing that WIC is a benefit that can help unborn children. In addition, information on WIC benefits and eligibility should be routinely provided to local union offices as well as to local unemployment and job service offices and programs. Posters and pamphlets can and should be displayed in all of these locales. Information can also appear in union newsletters as well as in publications prepared by State unemployment service agencies.

- Establish WIC satellite offices—one or two days each week—in neighborhoods outside of inner city areas.
- Place posters in bus depots, bowling alleys, laundromats, and other places where the unemployed may congregate.
- Contact all private pregnancy testing centers and provide their staff with pamphlets on WIC so that referrals are facilitated.
- Communicate with private physicians by advertising in medical journals or writing letters-to-the-editors of these publications emphasizing the availability of WIC benefits and listing eligibility requirements.
- Distribute information on WIC in impersonal (billboards) or inconspicuous (small information cards) ways.
- Prepare public service announcements for radio and TV that stress the temporary nature of needing help when someone is "down on her luck."
- Similarly, attempt to place articles in local newspapers about WIC and how WIC benefits can be a "temporary" help to unemployed women.
- In providing WIC services to these women, emphasize the privacy with which WIC records are maintained.

- Arrange support groups for unemployed pregnant women in your WIC Program.
- In providing services, emphasize health-care benefits and nutritional counseling rather than free food.

Targeting Farm Women

With this group of women, it is also helpful to emphasize the health-care and nutritional counseling benefits of WIC, while reducing the concern that WIC is a "handout." It is also vital with this population to stress that receipt of WIC benefits is a private matter and that these benefits can help individuals who are experiencing "hard times."

- Place pamphlets and posters on WIC benefits and eligibility at:
 - 4-H club meeting sites
 - Future Homemakers of America meeting sites
 - Farm Employment offices
 - Cooperative Extension Service centers
 - Beef, Pork, Cattle Feeder, and Dairy Boards
 - Sale barns
 - Grain elevators
 - Home economics alumni groups
 - Farm Crisis Hotlines
 - Farm tractor and implement dealerships
 - Farmers' markets
 - Local restaurants frequented by farmers
- Write articles for or letters-to-the editors of farm journals explaining WIC benefits for pregnant women.
- Use mobile WIC units to go into rural areas to contact farm women and to provide WIC services.
- Within WIC service sites, provide private spaces where women are asked for financial and other personal information. Emphasize the privacy with which WIC records are maintained.

Targeting Native Americans

A key ingredient of targeting WIC benefits to Native American women is to work with the Indian Health Service (IHS) and other organizations where staff have previously established mechanisms for reaching out to this population group. IHS community health nurses go door-to-door on reservations. Be sure that these nurses are informed about WIC and that they have WIC clinic schedules and pamphlets to distribute. In addition, establish cooperative agreements with the IHS so that clients receive services from both programs without regard to

which program they first apply. Meet with key IHS personnel and provide the IHS with pamphlets and posters about WIC that can be displayed in their clinics.

If at all possible, ensure that WIC is associated with the chief. If the chief is willing, the chief might publicly support the program and give WIC "official" sanction.

WIC will gain stature if WIC staff participate in all tribal festivities—always using a visible symbol of WIC. If WIC is to be fully utilized by Native Americans, the program needs to be tied to the tribe.

Similarly, it is useful to check local church schedules for services and other activities. Many ministers are willing to promote WIC or to introduce WIC staff who can explain the program.

It is the experience of most WIC staff working with Native Americans that it takes multiple contacts to bring women into the program. Women tend not to join on first hearing, so WIC staff need to concentrate on bringing WIC before these women a number of times. Also, it may be necessary to make home visits. Native American women may be hesitant to ask questions, so WIC staff should be prepared to initiate conversations and to explain WIC in some detail. It is generally more effective to frame WIC services in terms of the benefits to the health of the unborn child rather than focusing on prenatal care.

Finally, it is wise to make efforts to reach grandparents and to gain their respect and confidence. Native American grandparents are very often the caretakers for small children and are also the trusted advisors of young women facing their first pregnancies. This older generation congregates at senior centers and nutrition programs. They are also active in council meetings and can be located through the IHS home health workers.

- Place articles in the newspapers published by the Indian nations. Disseminating information through this medium reduces the "welfare stigma" and also increases name recognition for the program.
- Make and display colorful posters which depict activities and which use very few words. Using Indian motifs such as baskets and diamonds may be more appropriate than using pictures of Indian women. Some Native Americans are insulted when Indians are used in any advertisements for public programs.
- Remember that the initiative for participation is with the client. Do not make this program appear to be a "handout." Maintaining the pride of the client is a primary concern here.
- When Native American women come into the WIC clinic, hold their babies, admire their children, and show approval in other ways. Furnish the WIC clinic

waiting room with tables, chairs, crayons, and books so that visiting WIC is a nice outing for the children.

- Offer polite and quiet greetings to these clients. When you see participants outside of the WIC clinic, greet them but do not indicate how you know them.
- Maintain absolute privacy about who is in the program. Do not mention the names of WIC clients to your friends or relatives.
- Provide private spaces within the WIC clinic so that women do not have to discuss their financial and social circumstances where others might hear.
- Schedule office hours—particularly food instrument issuance or food distribution—on commodity food distribution days so that people can make one trip to get their food supplies.
- Coordinate clinic hours with the hours of clinics operated by the Indian Health Service. Try to schedule pregnant women for IHS prenatal visits on the same days that they have WIC appointments.
- Ask tribal councils for schedules of buses operated by the councils and schedule WIC hours to coincide with this transportation.
- Coordinate appointments for women who live near to each other only if they know each other and if they initiate the contact. Do not assume that women would like to travel together because they are relatives or neighbors.

Targeting Hispanic Women

Trust is a key ingredient in providing social services to any population group. Trust, however, is particularly important in providing services to Hispanic families as well as to illegal aliens. It may be difficult to break through the initial hesitations and uncertainties of members of this population. Trust has to be built slowly through an accumulation of good experiences broadcast through the community.

Within the Hispanic community, word-of-mouth is one of the more effective means of disseminating information on the availability of WIC benefits. The Hispanic population is generally highly family focused, and the community is strong and close. This population tends to rely on personal networks to identify services and to determine whether or not such services are useful and safe.

Information dissemination through parish churches is also essential. Hispanic churches are primary community meeting places; parishioners know each other and are in close contact with one

another. They will spread the word, throughout the parish, about both good and bad experiences with community programs.

As noted above in the information on migrant workers, immigration status and its relationship to eligibility requirements are complicated topics for both staff and clients. It is vital that staff understand distinctions among the eligibility requirements of various social programs so that they can clarify these issues for clients. It may well be worthwhile to contact the local office of the Immigration and Naturalization Service (INS) and to discuss WIC eligibility requirements with INS administrators. They may agree to contact WIC clients in places other than WIC clinics.

It may also be that, at least in some of the home countries of this population, prenatal care is virtually nonexistent. Pregnant women may have difficulties understanding the need for such health care, and the men in their lives may consider such services to be superfluous. Information on the advantages and need for prenatal care must be provided but in a low-key and tactful manner.

- Prepare and display posters that are very colorful and that contain only a few words. Posters that appear to be effective with this group show pictures of pregnant women and food and include a telephone number for the WIC clinic. Many members of this population can not read English.
- Emphasize that WIC offers food to children and helps feed unborn babies. Families may be too proud to accept food for adults—even pregnant women, but they may be willing to accept such help for their children.
- Clearly and carefully explain WIC's income eligibility requirements. Even though they are eligible, some families may think that their incomes are too high for them to qualify for benefits.
- Display sensitivity about obtaining information—such as a birthdate—which is needed for certification. Many clients may not know some of this information.
- Explain to women how to use and prepare foods that may be foreign to their cultural norms. Conversely, emphasize the availability of food (beans, cheese) that is routinely used by this ethnic group.
- Plan benefit targeting activities around the known schedules of the Hispanic community. Many families return "home" for the major winter holidays, leaving before Thanksgiving and returning after New Year. Other families are gone during the summer school vacation months (July and August).

Appendix A
CONDUCTING A FOCUS GROUP

What Is A Focus Group?

Focus groups are discussions among a group of persons who have something in common and who can provide information that is useful for planning programs, services, markets, or campaigns. The discussion of WIC benefit targeting in this publication suggests that staff in local WIC agencies use focus groups of WIC participants to help plan and evaluate benefit targeting practices.

Planning A Focus Group

A primary concern in holding a focus group is the location which should be neutral but pleasant. The place should not be directly associated with the issues or programs that will be discussed by the group. A community room or a conference room can be used. However, the room should not have any particular meaning for any participant.

Motivational incentives are important. Such incentives might be lunch or a snack, gifts, or payments. Child care may be required if women are to participate. Determine whether or not a babysitter should be provided on site. Alternatively, women may be offered money for babysitting services. Transportation should also be planned in advance. Participants may be reimbursed for driving their own cars or given bus or taxi fare.

It is important to accurately gauge how many of the invitees will attend. Participation is a function of the habits of the population comprising the focus group as well as of the incentives offered to participants. Invitees should be contacted the day before the meeting to remind them of the time and place and to ascertain whether or not they will attend. It is generally a good idea to invite more people than you think will attend.

A checklist covering these items appears on page 27. This checklist may need to be revised for your agency.

Conducting A Focus Group

On the appointed day and time, the group will assemble at the designated meeting place. Sponsoring agency staff will meet participants at the door of the meeting room and welcome each participant to the session. Attendees are given nametags bearing their first names.

The focus group has two leaders. One is the discussion facilitator; the other is the secretary. The facilitator is the session speaker. However, the speaker and secretary may exchange roles if this approach will strengthen the meeting.

The discussion facilitator opens the session by introducing him/herself and the secretary and then explains that a focus group is a way to gather information from people who have a particular kind of experience that is of interest to the sponsor of the meeting. The focus group will bring to the sponsor information on service provision, quality of service, barriers to using the service, opinions about the usefulness

of the service, and so on. Sometimes focus groups consider marketing interests, such as products or stores, instead of services.

After the introductions, the group will discuss schedule and arrangements for payments, lunch, child care, and transportation. Other general information, such as the location of telephones and restrooms, should be provided at this time. If there are any questions or concerns raised by focus group members, they should also be addressed at this time.

Taping a focus group session is extremely useful for the sponsor. However, it is vital to explain to the group that only the discussion facilitator will use the tape to recapture important information. No individual's statements will be disclosed. It is equally important to stress that the secretary's notes will be used only by the people sponsoring the focus group. Explain that the tape recorder can be turned off at any time should a participant make such a request. Also, if even one person has a problem with taping, the session must not be recorded.

While it is important to provide some guidance during the discussion, there is no widespread consensus about the degree to which the group should be held to the designated topic and the agreed-upon questions. Certainly, all of the questions or issues should be posed to the group, and the pace should remain lively. If, however, the group indicates a real interest in a related topic, the facilitator may choose to allow participants to discuss that subject before leading the discussion back to the assigned topic. At no time, should the discussion facilitator feel that control of the group has been lost.

Most focus groups last between one and two hours. If lunch is served, the group should break when the timing seems right. This break will depend on the progress of the discussion, but the lunch break usually occurs about forty-five minutes after the discussion begins. With half an hour for lunch, there is time for another forty-five-minute session after lunch.

Ending A Focus Group

At the conclusion of the meal, the discussion can resume. The staff should ensure that the meeting room has not been rearranged or in any way disrupted during the lunch break. When the group reconvenes, the discussion facilitator again introduces him/herself and the secretary. If roles have been switched, the reasons for the change should be explained and any objections noted.

The session should end on time. While there are no definitive time limits for focus groups, they traditionally last between one and two hours. At the conclusion of the discussion, the facilitator should allow about fifteen minutes for the group to ask any questions or to discuss the experience. The discussion facilitator then thanks the group and bids them farewell.

*Checklist for
Arranging
A Focus Group*

Arrangements are made with help from others in the community to find appropriate people to participate in the focus group.

- _____ At least eight and not more than fifteen people are contacted and have agreed to participate.
- _____ Transportation has been arranged.
- _____ A room has been reserved.
- _____ Foodservice (lunch or snack) has been arranged either in the room or at some other location.
- _____ Financial arrangements have been made. A per-participant cost has been determined. Arrangements have been made to pay all expenses.

Appendix B
SAMPLES OF PRINT MATERIALS

ESKE OU ANSENT?

**ESKE OU GEN YON TI BEBE OU
TIMOUN KI GEN MWENS KE 5 AN?**

NAN KA SA:

Pwogram WIC la se ka sa ou bezwen.

San ou pa peye 5 kob pwogram sa ba ou:

- Let ti bebe, sereyal, ak ji pou ti bebe
- Let, ze, fwomaj, ji, ak sereyal pou fanm nan ak timoun ni

WIC SE PA WELFE! Ou pa bezwen:

- Sitwayen meriken
- gen ti papye jon nan
- ni grin kat
- ni ou pa bezwen ap viv an pemanans nan bouk la

Si ou bezwen plis enfomasyon, ale osnon rele vini nan ant 8e di maten e 4e nan apremidi nan:

The Belle Glade Health Center - WIC Office
38754 State Road 80
Belle Glade (966-1600)

Nou pale Kreyol tou



PBCPHU konfome li ak tout regleman kont diskriminasyon nan tit 6, seksyon 504, ak tit 9 ak tout regleman ki gen pou we ak koze sila

PBCPHU Nutrition 1/07

Affective Practice #7: Bilingual Flyer

ESKE OU ANSENT?

**ESKE OU GEN YON TI BEBE OU
TIMOUN KI GEN MWENS KE 5 AN?**

NAN KA SA:

Pwogram WIC la se ka sa ou bezwen.

San ou pa peye 5 kob pwogram sa ba ou:

- Let ti bebe, sereyal, ak ji pou ti bebe
- Let, ze, fwomaj, ji, ak sereyal pou fanm nan ak timoun ni

WIC SE PA WELFE! Ou pa bezwen:

- Sitwayen meriken
- gen ti papye jon nan
- ni grin kat
- ni ou pa bezwen ap viv an pemanans nan bouk la

Si ou bezwen plis enfomasyon, ale osnon rele vini nan ant 8e di maten e 4e nan apremidi nan:

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Belle Glade (966-1600)

Nou pale Kreyol tou



PBCPHU konfome li ak tout regleman kont diskriminasyon nan tit 6, seksyon 504, ak tit 9 ak tout regleman ki gen pou we ak koze sila

PBCPHU Nutrition 1/07

SAMPLE WALLET-SIZED HANDOUT

FREE PREGNANCY CARE	
<p>WIC - Special food program for women, infants, and children</p> <ul style="list-style-type: none"> • Supplies extra food to eligible pregnant women and breast-feeding mothers • Extra food for eligible babies and children up to 5 years old. • Teaches you about good nutrition for you and your child. <p>Share This Card With A Friend</p>	<p>PREGNANCY CARE SERVICES -</p> <ul style="list-style-type: none"> • Childbirth and parent education programs. • Counseling for pregnant women and their families, either in the home or at a clinic. • Free transportation to services such as the doctor, clinic, WIC, or the Department of Social Services. <p>FREE Pregnancy Care (313) 767-BABY</p>

<p>Every Baby Deserves a Healthy Start</p> 	<p>Genesee County Health Department 310 W. Oakley St. Flint, Michigan 48503-3996 (313) 767-BABY</p> <p>Pregnancy Testing WIC • Transportation Doctor Referrals • Home Visits Hours: Monday-Friday 8-11:30am, 1-4pm</p>
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SAMPLE WIC FLYER



Choctaw Nation of Oklahoma
WIC Program
Drawer 1210
Durant, Oklahoma
74702



The Choctaw Nation WIC program is a supplemental feeding program for women, infants and children. To qualify for this program an individual must meet the following criteria:

1. BE PREGNANT OR BREASTFEEDING AND BE AT A NUTRITIONAL RISK.
2. BIRTH TO FIVE YEARS OLD AND BE AT A NUTRITIONAL RISK.
3. INCOME ELIGIBLE.

Each month vouchers are issued for WIC foods: milk, cheese, cereal, beans, juice, and peanut butter, which allows them to purchase the foods from an authorized WIC grocery store. The program is federally funded through the USDA and serves the counties in the Choctaw Nation.

Choctaw Nation



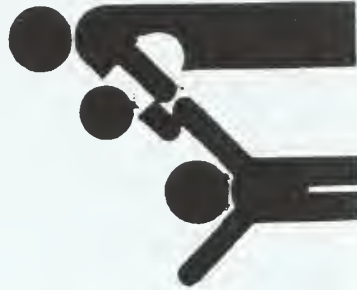
SAMPLE BROCHURE FOR PHYSICIAN REFERRAL

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR

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NEBRASKA STATE DEPARTMENT OF HEALTH

Other Benefits

Professional nutrition counseling to help improve the dietary habits of the participants and the families, health and nutrition information are also provided on a one-to-one basis and in classes.

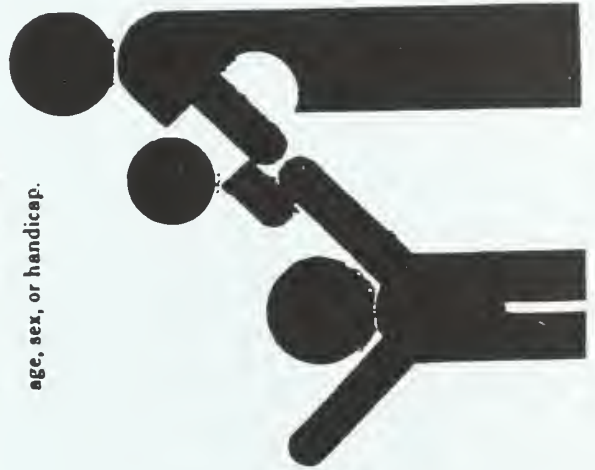
Referrals to area agencies are made as needed on an individual basis.

Standards for participation

are the same for everyone regardless

of race, color, national origin,

age, sex, or handicap.



Referral

M.D.
R.N.
R.D.

Signature

Date

Phone

WIC PROGRAM
Mid-NE Community Services, Inc.
P.O. BOX 2288
Kearney, NE 68848
(308) 234-2595

W.I.C.

WIC is a supplemental food program for Women, Infants, and Children.

The program serves expectant, breastfeeding, or postpartum women, infants, and children under the age of five who need nutritious foods.

The purpose of the program is to provide supplemental food and health and nutrition education and counseling to eligible participants.

ELIGIBILITY

WIC eligibility requires meeting income guidelines and demonstrating nutrition risk factors, such as anemia and being under/overweight.

INCOME GUIDELINES:

The income requirement to qualify for WIC is a poverty-level income plus 85% or an approximate \$21,000 gross annual income for a family of four.

These guidelines are quite a bit higher than AFDC, Food Stamps, etc. We are geared towards low middle income families and below.

NUTRITION RISK FACTORS:

In addition to meeting the income guidelines, applicants for the WIC program must be determined to have a nutrition risk factor. Some examples are:

- pregnant, breastfeeding, or postpartum women with health conditions such as iron deficiency, poor or excessive weight gain, or a history of high risk pregnancies.
- premature, anemic, underweight or overweight infants.
- children under the age of five who are anemic or have weight problems.
- dietary problems which could affect health status.

NOTE: A person does NOT have to be SICK to qualify for WIC benefits.

FOODS

The following free, nutritious foods are provided in varying amounts:

- milk
- cheese
- eggs
- iron-fortified cereal
- dried beans or peas
- fruit juice
- iron-fortified formula
- infant cereal
- some special formulas

SAMPLE BROCHURE FOR PHYSICIAN REFERRAL (CONTINUED)

Referral

Have the patient contact us for an appointment at (308) 234-2595, or you may contact for them. Completed form must be brought to first WIC visit.

PLEASE COMPLETE:

Patient name _____

Indicate measurements and HCT/HGB for most recent exam.

DATE _____ HGT _____ WGT _____ HGB/HCT _____

EDC date _____

If pregnant, any weight gain or loss this pregnancy? Y _____ N _____
If yes, how many pounds? _____

Is patient on a special diet?
Y _____ N _____

If yes, Diagnosis _____

Diet _____

Any other medical factors which are of concern? _____

SAMPLE PRESS RELEASE

TODAY'S DATE

CONTACT: NAME AND TELEPHONE NUMBER

FOR IMMEDIATE RELEASE

TOWN—The _____ WIC Program (The Special Supplemental Food Program for Women, Infants, and Children) in _____ County has been chosen by the U.S. Department of Agriculture as one of six such programs in the nation to participate in an outreach project to target its supplemental food program to pregnant women.

The _____ WIC Program was chosen because of its work to increase services to pregnant women in the county and the growing need for such services due to population increases in _____ County.

"During March and April, we added over 700 new participants to the program," according to NAME AND TITLE. "Proper nutrition for pregnant women can help to prevent infant mortality and low birthweight. There may be many pregnant women who are unaware that they are eligible for this important program," _____ continued.

The demonstration project began May 20. It will include such activities as providing information packets on the WIC program to area physicians. Clinic services are being streamlined so that clients can be served more quickly and efficiently. Clients will be asked for feedback on quality of services received.

WIC stands for women, infants, and children and is a nutrition program that not only provides health food products to its clients but also offers nutrition education and counseling. It is available to pregnant women with low to moderate incomes, even those with incomes too high for food stamp eligibility and also to women who are employed.

WIC clinics are located in the health unit centers in _____. For information about the hours of the WIC office closest to you, call _____.

SAMPLE RADIO ANNOUNCEMENT—GRANDMOTHER

FINAL COPY

AIR TIME: 60 SECONDS

WHEN I WAS A TEENAGER I GOT PREGNANT, AND MY BOYFRIEND LEFT ME. NOW MY TEENAGE DAUGHTER IS IN THE SAME BOAT. I REMEMBER HOW I SCRAPED TO MAKE ENDS MEET, HOW SCARED I WAS BACK THEN. BUT IT'S GOING TO BE EASIER FOR HER, BECAUSE I CALLED 767-BABY. WHEN I CALLED 767-BABY, THE _____ COUNTY HEALTH DEPARTMENT HELPED ME SET UP A PREGNANCY CARE PROGRAM FOR HER. THESE PEOPLE KNOW THAT SHE'S SCARED AND DOESN'T KNOW WHAT TO DO. THEY'RE TEACHING HER THE RIGHT FOODS TO EAT, AND HOW TO GET THE HELP SHE NEEDS TO HAVE A HEALTHY BABY. THEY'RE EVEN GOING TO HELP HER WITH WIC APPOINTMENTS. THEY REFER HER TO A DOCTOR OR CLINIC, EVEN HELP PROVIDE TRANSPORTATION BECAUSE SHE DOESN'T HAVE A CAR. SHE GETS CHILDBIRTHING CLASSES, HOME COUNSELING—EVERYTHING SHE NEEDS, FREE. ALL FROM A PHONE CALL—767-BABY. IF YOU'RE IN THE SAME SITUATION, CALL 767-BABY. EVERY BABY DESERVES A HEALTHY START.

ANNOUNCER: CALL 767-BABY TODAY FOR INFORMATION ON FREE PREGNANCY CARE. SPONSORED BY OUR _____ COUNTY HEALTH DEPARTMENT.

Developed by: Concept Three—Advertising, Marketing & Design, Inc.,
 107 East Second Street
 Davison, Michigan 48423
 (313) 653-1002

SAMPLE RADIO ANNOUNCEMENT—MOTHER

FINAL COPY

AIR TIME: 60 SECONDS

WHEN I FOUND OUT I WAS GOING TO HAVE A BABY, I WAS SO HAPPY! I WANTED MY BABY TO GROW UP STRONG AND HEALTHY. BUT I DON'T KID MYSELF. PREGNANT WOMEN NEED A DOCTOR'S CARE, THE RIGHT FOOD TO EAT, AND LOTS OF SUPPORT. AND I CAN'T AFFORD THINGS LIKE THAT ON MY OWN. SO I CALLED 767-BABY FOR MY _____ COUNTY HEALTH DEPARTMENT. WHEN YOU CALL 767-BABY, OUR HEALTH DEPARTMENT CAN REFER YOU TO A DOCTOR. THEY'LL ARRANGE THINGS LIKE WIC APPOINTMENTS, CHILDBIRTH CLASSES, AND HOME VISITS FROM PROFESSIONALS. THEY'LL EVEN HELP PROVIDE TRANSPORTATION IF YOU NEED IT, AND IT WON'T COST YOU A THING. THEY'LL TEACH YOU ABOUT THE RIGHT FOODS TO EAT, AND MAKE SURE YOU HAVE FOOD AND VITAMINS IF YOU NEED THEM. THERE'S A LOT MORE. ALL YOU HAVE TO DO IS CALL 767-BABY. THAT NUMBER WILL GET YOU HELP WITH ANY PROBLEM YOU HAVE WHILE YOU'RE PREGNANT. 767-BABY. BECAUSE EVERY BABY DESERVES A HEALTHY START.

ANNOUNCER: CALL 767-BABY TODAY FOR INFORMATION ON FREE PREGNANCY CARE. SPONSORED BY OUR _____ COUNTY HEALTH DEPARTMENT.

Developed by: Concept Three—Advertising, Marketing & Design, Inc.,
107 East Second Street
Davison, Michigan 48423
(313) 653-1002

SAMPLE RADIO ANNOUNCEMENT—FATHER

FINAL COPY

AIR TIME: 60 SECONDS

HEYYY, LOOK AT ME! I'M 18, JUST OUTTA HIGH SCHOOL . . . AND MY GIRL TOLD ME I'M GONNA BE A FATHER. WOW! IT'S SCARY—I DON'T HAVE ANY MONEY, I DON'T KNOW WHAT TO DO . . . BUT I'M GONNA DO RIGHT BY HER. I MEAN, THAT'S MY KID!! SO I CALLED THIS NUMBER FOR FREE PREGNANCY CARE. IT'S 767-BABY. OUR HEALTH DEPARTMENT HELPED SET MY GIRL UP WITH DOCTOR VISITS, COUNSELING, WIC APPOINTMENTS, THINGS LIKE THAT. THEY'RE TEACHING HER ABOUT THE RIGHT FOOD TO EAT AND VITAMINS TO TAKE. THEY EVEN HELP PROVIDE TRANSPORTATION WHEN HER OLD CAR BREAKS DOWN. NEXT WEEK, WE BOTH START CHILDBIRTH CLASSES. FREE. JUST FOR CALLING 767-BABY.

IF YOU'RE IN THE SAME BOAT WE ARE, YOU CAN CALL 767-BABY. HEY, YOUR VERY OWN CHILD IS COMING INTO THIS WORLD. DOESN'T EVERY BABY DESERVE A HEALTHY START?

ANNOUNCER: CALL 767-BABY TODAY FOR INFORMATION ON FREE PREGNANCY CARE. SPONSORED BY OUR _____ COUNTY HEALTH DEPARTMENT.

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SAMPLE RADIO ANNOUNCEMENT

PREGNANCY OUTREACH

RADIO PSA SCRIPT—ENGLISH AND SPANISH

30-SECOND SPOT (ACTUAL AIR TIME: 22 SECONDS)

WOULD YOU GAMBLE ON YOUR BABY'S HEALTH? IF YOU'RE PREGNANT, IT'S TIME TO EAT RIGHT. WIC IS THE SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN THAT CAN HELP YOU AND YOUR BABY, WITH HEALTHY FOODS AND NUTRITION CLASSES. TO SEE IF YOU QUALIFY, CALL TELEPHONE NUMBER. WIC IS AN EQUAL OPPORTUNITY PROGRAM.

ARRIESGARIA LA SALUD DE SU BEBE? SI ESTA EMBARAZADA, NECESITA COMER BIEN.

EL PROGRAMA WIC LE PUEDE AYUDAR A USTED Y A SU BEBE, CON ALIMENTOS SALUDABLES Y CLASES DE NUTRICION. PARA SABER SI USTED PUEDE PARTICIPAR EN ESTE PROGRAMA, LLAME TELEPHONE NUMBER. WIC ES UN PROGRAMA DE OPORTUNIDADES PARA TODOS.

GROCERY BAG WITH WIC INFORMATION

Women, Infants & Children

A Nourishing Start

A Bright Future

Helping:

WOMEN- Who are pregnant
and new mothers

INFANTS

CHILDREN- Up to age 5

By providing at no cost:

- SELECTED FOODS
- NUTRITION EDUCATION

Your income before taxes must meet established guidelines. For example, a family of four may gross up to \$21,553 annually or \$415.00 per week.

For More Information call:

Massachusetts Residents
1-800-WIC-1007

New Hampshire Residents
1-603-352-7512

New York Residents
1-800-525-2521

Information provided by the
Connecticut WIC
Directors' Association, Inc.
P.O. Box 9192
New Haven, Connecticut 06532

In Connecticut Call:

Bridgeport	576-8072
Bristol	585-3490
Danbury	797-4629
Day Kimball	928-3660
	774-7860
East Hartford	289-2781
Hartford	722-8060
Lower Naugatuck Valley	735-1831
Menden	630-4245
Middlesex County	344-8014
Norwalk	853-1322
	854-7885
New Britain	224-5291
New Haven:	
Fair Haven	777-7411
Hill Health	776-9594
St. Raphael	789-3563
Yale	785-5150
New London County	889-1365
Stamford	977-4385
Torrington	489-1138
Vernon	875-0602
Waterbury	574-6785
Windham	423-1012

WIC serves all 169 towns in Connecticut.
Towns not listed call the local program
nearest you.

SAMPLE LETTER TO PHYSICIANS

DATE

Dear Dr. :

Help!

The federal government has determined that there are a great many persons across the nation who could but who are not receiving services from the Special Supplemental Food Program for Women, Infants, and Children—commonly known as WIC. A primary goal is to enroll women early in their pregnancies. Women must meet WIC income guidelines and must also be at medical or nutritional risk.

Particularly for pregnant women, WIC provides supplemental food to improve individual nutritional status along with special nutrition education and counseling. The goal is to help our clients experience healthier pregnancies and give birth to healthier babies. We are **not** a substitute for physician care. We are an adjunct. We strongly encourage all our pregnant clients to regularly visit their physicians. You may have noticed that your WIC patients are now requesting that you provide official written documentation of their pregnancies. Obtaining such documentation has a two-fold purpose: (1) it ensures that these women are indeed pregnant (especially if they are not "showing" yet); and, (2) it gets them into a doctor's office!

Now, then, to get back to the nitty gritty of this letter—we need help in making WIC known to potential clients. We hope that you have already seen information about the program that we have distributed to the media, grocery stores, schools, and many other places. This letter is a request to you to simply let your patients know that WIC is out there and that perhaps WIC can help. Enclosed are informational handouts, complete with our address, telephone number, income guidelines, and qualifying risk factors.

Our thanks to you for taking the time to read this letter and a BIG please and thanks for your help in reaching people.

Sincerely,

WIC DIRECTOR

SAMPLE OUTREACH LETTER TO SCHOOLS

DATE

Dear _____ :

I am writing you out of concern for the many young girls WIC does not see during pregnancy. They may appear at WIC only when the need for formula arises. Unfortunately, by then, an infant's developmental pattern for life, or death, has already been determined. _____'s Health Department consistently refers all potential participants to WIC, particularly those girls seen in our high school clinics. The problem is with those young women who, for many reasons, fall between the cracks .

It occurs to me that many of our most natural resources—teachers, friends, parents—know little or nothing about WIC. Therefore, they can not secure the health of the unborn whose well-being they would wish to insure.

I am hoping that you can provide me with the opportunity to make WIC a familiar support—known to all of _____'s high school students. Please allow me to speak to your teachers and social workers, perhaps devise a rap contest for your students, and, at a PTA meeting, present information on the WIC Program.

I am looking forward to hearing from you in the near future.

Sincerely,

WIC DIRECTOR

SAMPLE LETTER TO THE EDITOR

DATE

Dear _____ :

This letter will update you about the availability of benefits provided by the Special Supplemental Food Program for Women, Infants, and Children—more commonly known as WIC. The WIC Program provides supplemental food, nutritional counseling, and referral to health-care services for pregnant and breastfeeding women as well as for infants and children up to age four and a half. In _____ County, the WIC Program is administered by the _____ County Health Department.

Eligibility requirements for the WIC Program are somewhat different than the eligibility qualifications set by most other government assistance programs. Income guidelines take family size into account and, for example, exceed the income limits set by the Food Stamp Program. In addition to meeting financial eligibility criteria, WIC applicants must also be at nutritional or medical risk. It is, however, important to emphasize that many women and children, who are temporarily in financial need but who are not receiving other forms of public assistance, might be eligible for WIC.

The WIC Program celebrates its sixteenth anniversary in 1990. During its relatively brief history, WIC has contributed greatly toward the positive outcomes of thousands of pregnancies in _____ County. We look forward to many more years of providing these special services to local women and children.

If you have any questions, or need additional information, please call _____, our WIC administrator, at _____.

We appreciate your help and continued support in helping us to achieve our goal of improving the prenatal health of women as well as the general health of infants and children in _____ County.

Sincerely,

WIC DIRECTOR



FREE
PREGNANCY CARE
767-BABY

WIC - Transportation - Home Visits

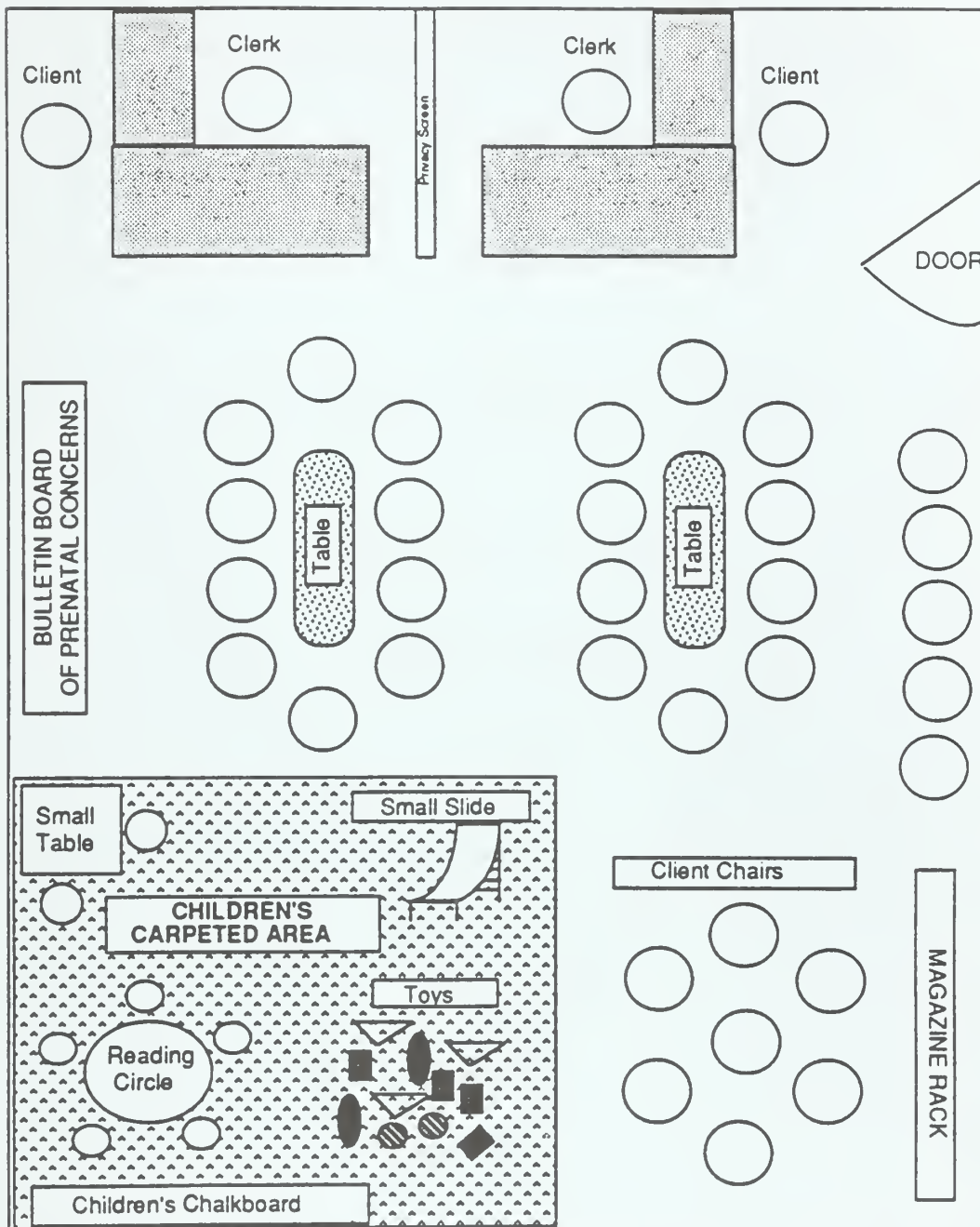
Genesee County Health Department

Appendix C

SAMPLE WIC WAITING ROOM DESIGN

SAMPLE POSTER

SAMPLE WIC WAITING ROOM DESIGN



SAMPLE POSTER FOR WIC WAITING ROOM



Appendix D

SAMPLE ANNOUNCEMENT FOR WIC CONTEST

SAMPLE ANNOUNCEMENT FOR WIC CONTEST



The Young and the WIC-less Contest

Dear W.I.C. Participants,

In this season of sharing and caring, Please help us search for Pregnant Women who are not on W.I.C.

Prizes will be awarded to those who enroll the most pregnant women by December 19, 1988.

The new W.I.C. mother must have:

1. Your Name and W.I.C. number written on the front of her completed orange certification form (upper left corner).
2. The signature of a W.I.C. staff person next to your name and W.I.C. number.
3. Only pregnant women who get onto the program will count as credit to you.



Winners will be notified
December 19th at 1 p.m.





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